Tennessee Department of Health
Division of Laboratory Services
COVID-19 Submission Requisition

Place State Lab Accession Label Here
(TDH use only)

***Indicates Required Fields**

Final test reports cannot be issued if required information is missing

Reset Form

SPECIMEN COLLECTION INFORMATION

***Last Name:**	***First Name:**	MI:
***DOB:**	***Gender:** □ Male □ Female □ Ambiguous □ Other □ Unk	***Ethnicity:** □ Hispanic □ Non-Hispanic □ Unknown □ Refused to answer
***Race:** □ American Indian □ Asian □ Black □ Hawaiian/Pacific Islander □ White □ Other (_____) □ Unknown □ Refused to answer		
***Address:**		***County of Residence:**
***City:**	***State:** / ***Zip Code:**	***Date of Collection:**

***Specimen Type** (please check one): ☐Nasopharyngeal ☐ Nasal ☐Oropharyngeal ☐Sputum ☐Nasal aspirate ☐Nasal wash ☐Serum ☐Plasma ☐Other (please specify)_____

***Patient Phone Number:**	Outbreak/Event ID:	PUI ID:

Unlabeled or mislabeled specimens cannot be tested; two distinct identifiers required on each tube.

SUBMITTER INFORMATION

***Submitting Facility:**	Patient Medical Record Number:	
***Address:**	Phone Number:	Fax Number:
***City:**	***State:**	***Zip Code:**
***Ordering Provider:**	***Phone Number:**	Fax Number:

FINAL REPORT DELIVERY

***Final Report Delivery Same as Submitting Facility?** □ Yes □ No

***If no, Final Report Delivery Entity:**	Email:	
***Address:**	Phone Number:	Fax Number:
***City:**	***State:**	***Zip Code:**
Point of Contact:	Phone Number:	Fax Number:

*TEST REQUESTED

☐ COVID-19 RNA PCR ☐ COVID-19 Sequencing ☐ COVID-19 IgG EIA

ADDITIONAL PATIENT INFORMATION

***First COVID-19 test?** ☐ Yes ☐ No ☐ Unknown	***Hospitalized?** ☐ Yes ☐ No ☐ Unknown
***Date of most recent positive SARS-CoV2 test?** _____	***Intensive Care Unit (ICU)?** ☐ Yes ☐ No ☐ Unknown
***Symptomatic as defined by CDC?** ☐ Yes ☐ No ☐ Unknown If yes, Date of Symptom Onset: _____	***Deceased?** ☐ Yes ☐ No ☐ Unknown
***Has the patient had two (2) positive SARS-CoV-2 test results (PCR or antigen) > ninety (90) days apart?** ☐ Yes ☐ No ☐ Unknown	***Pregnant?** ☐ Yes ☐ No ☐ Unknown ☐ N/A
Is the patient part of an identified cluster of five (5) or more cases? ☐ Yes ☐ No ☐ Unknown	***Employed in healthcare?** ☐ Yes ☐ No ☐ Unknown

Resident in a congregate care setting[1]? ☐ Yes ☐ No ☐ Unknown

[1]Including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting

***Is the patient fully/partially vaccinated?** ☐ Yes ☐ No ☐ Unknown	***Date Vaccine Dose #1:** _____
***Vaccine Manufacturer:** ☐ Pfizer ☐ Moderna ☐ J&J ☐ Other _____	***Date Vaccine Dose #2 (if applicable):** _____

LABORATORY FACILITIES

Nashville Laboratory:
P.O.Box 305130, Nashville,TN 37230 (USPS) **OR**
630 Hart Lane, Nashville,TN 37216 (FedEx, UPS, courier delivery)
Main Line: (615) 262-6300
Richard Steece, PhD, D(ABMM), Public Health Laboratory Director

Knoxville Regional Laboratory:
2101 Medical Center Way, Knoxville, TN 37920
Main Line: (865) 549-5201
George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director